Entity Nun.	127681	Applicant's For.	_entifier _	2000-01	-
Contact Person	_Anne H. Atherton	Phone Number		407.317.3490	

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Instructions: If you are filing a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

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10a If you are:

- Applying for discounts ONLY for an individual school, or ONLY site-specific services: Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- Applying for discounts on services shared by ALL schools in the district (with or without site-specific services as well):
 Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
- Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well):
 Complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

10b List entities and calculate discount(s).

School District Name: ___Orange County Public Schools_____School District Entity Number: ____

1	2	3	4	5	6	7	88
Name of Eligible School	Entity Number	Urban or Rural U or R	Total # of Students	# of Students Eligible for NSLP	% Students Eligible for NSLP (Col. 5 ÷ Col. 4)	Discount % from Discount Matrix	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
ALOMA ELEMENTARY SCHOOL	35973	U	646	281	43%	60%	387.6
APOPKA MIDDLE SCHOOL	35815	U	1,391	611	44%	60%	834.6
AUDUBON PARK ELEMENTARY SC	35998	U	565	274	48%	60%	339
CLARCONA ELEMENTARY SCHOO	35796	U	712	317	45%	60%	427.2
CORNER LAKES MIDDLE SCHOO	157244	U	1,146	444	39%	60%	687.6
EVANS HIGH SCHOOL	36058	<u> </u>	3,293	1,238	38%	60%	1975.8
GLENRIDGE MIDDLE SCHOOL	35967	U	1,324	469	35%	60%	794.4
JONES HIGH SCHOOL	36020	U	1,323	527	40%	60%	793.8
LAKE GEORGE ELEMENTARY SC	206027	บ	754	292	39%	60%	452.4
LAKE SILVER ELEMENTARY SCHO	36013	U	822	384	47%	60%	493.2
LAKE SYBELIA ELEMENTARY SCH	35888	U	600	221	37%	60%	360
LAKEVIEW MIDDLE SCHOOL	38787	U	875	305	35%	60%	525
LAKEVILLE ELEMENTARY SCHO	204035	U	841	343	41%	60%	504.6

Entity Num. 127681	Applicant's Forentifier	2000-01_	
Contact PersonAnne H. Atherton	Phone Number	407.317.3490_	

Worksheet #A-IC.OTH.CISCO

for Schools/S	for Schools/School Districts								4
LIBERTY MIDDLE SCHOOL	36142	U	1,462	685	47%	60%			877.2
OAK RIDGE HIGH SCHOOL	36074	U	2,267	842	37%	60%			1360.2
OAKSHIRE ELEMENTARY SCHOO	225	U	682	312	46%	60%			409.2
OCOEE MIDDLE SCHOOL	38772	U	1,240	465	38%	60%			744
PERSHING ELEMENTARY SCHOOL	36036	U	630	252	40%	60%			378
PIEDMONT LAKES MIDDLE SCHOO	35795	U	1,505	662	44%	60%			903
PINE CASTLE ELEMENTARY SCHO	36069	U	455	213	47%	60%			273
RIVERDALE ELEMENTARY SCHO	204037	U	852	363	43%	60%			511.2
ROBERT HUNGERFORD PREPARA	35890	U	222	104	47%	60%			133.2
SPRING LAKE ELEMENTARY SCH	38770	U	863	419	49%	60%			517.8
WATERBRIDGE ELEMENTARY SCI	36156	U	874	396	45%	60%			524.4
WILLIAM FRANGUS ELEMENTARY	36151	U	881	380	43%	60%			528.6
APOPKA SENIOR HIGH SCHOOL	35812	U	3,059	836	27%	50%			1529.5
ARBOR RIDGE SCHOOL	36094	U	929	264	28%	50%			464.5
BOONE HIGH SCHOOL	36033	U	2,720	536	20%	50%			1360
BROOKSHIRE ELEMENTARY SCH	35974	U	549	161	29%	50%			274.5
CHAIN OF LAKES MIDDLE SCHO	225525	U	1243	358	29%	50%			621.5
CLAY SPRINGS ELEMENTARY SCI	35813	U	802	192	24%	50%			401
COLONIAL HIGH SCHOOL	36046	U	3,154	1,038	33%	50%			1577
CONWAY MIDDLE SCHOOL	36092	U	1,538	403	26%	50%			769
CYPRESS CREEK SENIOR HIGH S	36127	U	3,232	724	22%	50%			1616
CYPRESS SPRINGS ELEMENTARY	36136	U	723	214	30%	50%			361.5
DEERWOOD ELEMENTARY SCHO	36135	U	635	194	31%	50%			317.5
DISCOVERY MIDDLE S CHOOL	36140	U	1,603	401	25%	50%			801.5

Entity Nu	127681	Applicant's F e	entifier2000-01	-
Contact Pe	onAnne H. Atherton	Phone Number	407.317.3490	

Worksheet #A-IC.OTH.CISCO

for Schools/S	chool Districts	S				Page _	_3 o	f4
EDGEWATER HIGH SCHOOL	36010	U	2,758	584	21%	50%		1379
GOTHA MIDDLE SCHOOL	38786	U	1,167	294	25%	50%		583.5
HUNTERS CREEK MIDDLE SCHOO	36153	U	1,520	358	24%	50%		760
JOHN YOUNG ELEMENTARY SCH	36155	U	924	280	30%	50%		462
LAKEMONT ELEMENTARY SCHOO	35972	U	903	258	29%	50%		451.5
MAITLAND MIDDLE SCHOOL	35884	U	1,153	257	22%	50%		576.5
MEADOW WOODS MIDDLE SCHO	204480	U	1174	401	34%	50%		587
METROWEST ELEMENTARY SCHO	36150	U	1,253	401	32%	50%		626.5
NORTH LAKE PARK COMMUNITY	1705770	U	375	124	33%	50%		187.5
OCOEE ELEMENTARY SCHOOL	38771	U	750	245	33%	50%		375
ROCK SPRINGS ELEMENTARY SC	35816	U	844	240	28%	50%		422
SOUTHWEST MIDDLE SCHOOL	36110	U	1,223	277	23%	50%		611.5
SOUTHWOOD ELEMENTARY SCH	36126	U	930	298	32%	50%		465
SUNRISE ELEMENTARY SCHOOL	35992	U	1193	233	20%	50%		596.5
UNIVERSITY HIGH SCHOOL	36095	U	4,143	924	22%	50%		2071.5
WINDY RIDGE ELEMENTARY SCH	36148	U	986	265	27%	50%		493
BAY MEADOWS ELEMENTARY SC	36152	U	991	100	10%	40%		396.4
DOMMERICH ELEMENTARY SCHO	35885	U	750	107	14%	40%		300
DR. PHILLIPS ELEMENTARY SCHO	36111	U	723	73	10%	40%		289.2
DR. PHILLIPS HIGH SCHOOL	36114	U	4,164	635	15%	40%		1665.6
HUNTERS CREEK ELEMENTARY S	36154	U	1,253	123	10%	40%		501.2
LAKE WHITNEY ELEMENTARY S	38797	U	952	174	18%	40%		380.8
PALM LAKE ELEMENTARY SCHOO	36116	U	852	131	15%	40%		340.8
SHENANDOAH ELEMENTARY SCH	36088	U	672	118	18%	40%		268.8
Entity Number 1 27681 Coptact Person Anne H. Atherton			ant's Form Identifie Number	r2000-01 407.317.3490			FCC Form 47	1 October 2000

Entity Number 127681 Contact Person Anne H. Atherton		•••	nt's Form Identifier Imber						
Block 4: Discount Cald	culation Works	sheet /	Ą			Worksh	eet #	A-IC.01	TH.CISCO
for Schools/S	chool Districts	S				Page _	_4	_ of _	4
WATERFORD ELEMENTARY SCHO	36141	U	781	89	11%	40%			312.
WEST ORANGE HIGH SCHOOL	38795	U	4,009	777	19%	40%			1603.
WINDERMERE ELEMENTARY SCH	38785	U	832	161	19%	40%			332.
WINTER PARK HIGH SCHOOL	35976	U	3,129	416	13%	40%			1251.
Totals for calculating Weighted Average Discount			86816						44119.
10c Weighted Average Discount %	for Shared Services (C	Col. 8 total	divided by Col.	4 total. Round	to nearest %)	→			51%

Entity Number127681 Contact Person Anne H. Atherton							
Block 4: Discount Cale	culation Wor	rksheet /	A			Works	heet #A- NEW
for Schools/S	School Distri	cts				Page	_1 of1
Instructions: If you are filing a Schoo site-specific services at 10a If you are:							Administrator's Use)
Applying for discounts ONLY for an pages as needed. Then use each school Applying for discounts on services Complete all columns 1-8 for all schools Applying for discounts on different Complete one worksheet columns 1-8 for all schools List entities and calculate discounts Cohool District Name: Orange County Orange County Control School District Name: Orange County Control School District Name: Orange County Control School District Name: Orange County Control School District Name:	ol's Entity Number and its di shared by ALL schools it s in the district. Then use th shared services shared to PLUS 10c, for EACH differs s in the district. Then use th nt(s).	liscount from Coluin the district (with the Weighted Averaby different group of schoole (Weighted Averabe)	imn 7 to complet ith or without si age Discount in ips of schools (lots sharing a se age Discount in	te Block 5 site-specific site-specific services at 10c (below) to complete (with or without site-specific Designate this wo too (below) to complete	service to that school. s well): Block 5 for shared se pecific services as v rksheet A-1, A-2, A-3 Block 5 for shared se	ervices. well):	
4	2	3 1	4	5	6	7	8
Name of Eligible School	Entity Number	Urban or Rural U or R	Total # of Students	# of Students Eligible for NSLP	% Students Eligible for NSLP (Col. 5 + Col. 4)	Discount % from Discount Matrix	Weighted Product for Calculating Shared Disco (Col. 4 x Col. 7)
·							
New Elementary #1 to be opened 20	001- 2002						
New Elementary #2 to be opened 20	001-2002						
New Elementary #1 to be opened 20 New Elementary #2 to be opened 20 New Middle #1 to be opened 2001-2	001-2002						
New Elementary #2 to be opened 20	001-2002						
New Elementary #2 to be opened 20	001-2002						
New Elementary #2 to be opened 20	001-2002						
New Elementary #2 to be opened 20	001-2002						
New Elementary #2 to be opened 20	001-2002						

Entity Number127681	Applicant's Form Identifier _2001-1
Contact Person Anne H. Atherton	Phone Number407.317.3490

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Instructions: If you are filing a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

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10a If you are:

- Applying for discounts ONLY for an individual school, or ONLY site-specific services: Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
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 Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
- Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well):
 Complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc. complete all columns 1-8 for all schools in the district. Then use the Vergnited Average Discount in 10c (below) to complete Block 5 for shared services.

10b List entities and calculate discount(s).

School District Name: ___Orange County Public Schools_____ School District Entity Number: ___127681_____

1	2	3	4	5	6	7	8
Name of Eligible School	Entity Number	Urban or Rural U or R	Total # of Students	# of Students Eligible for NSLP	% Students Eligible for NSLP (Col 5 + Col 4)	Discount % from Discount Matrix	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
Apopka High	35812		3059	836	27	50%	1529.5
West Orange High	38795		4009	777	19	40%	1603.6
Winter Park High	35976		3129	416	13	40%	1251.6
Robert Hungerford Prep	35890		222	104	47	60%	133.2
Westside Tech	38792		137	53	39	60%	82.2
Totals for calculating Weighted Average Discount			10556				4600.1

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %)



43%

Entity Number127681	Applicant's Form Identifier _2001-1	
Contact Person Anne H. Atherton	Phone Number407.317.3490	ľ

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Page _	1_	_ of _	1

Instructions: If you are filing a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

(For Administrator's Use)

10a If you are:

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10b List entities and calculate discount(s).

School District Name: ___Orange County Public Schools_____ School District Entity Number: ___127681_____

1	2	3	4	5	6	7	8
Name of Eligible School	Entity Number	Urban or Rural U or R	Total # of Students	# of Students Eligible for NSLP	% Students Eligible for NSLP (Col. 5 + Col. 4)	Discount % from Discount Matrix	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
Memorial Middle	36025		938	774	83	90%	844.2
Carver Middle	36086		951	712	75	90%	855.9
Mollie Ray Elem	36060		748	708	95	90%	673.2
Richmond Heights Elem	36022		565	475	84	90%	508.5
Ridgewood Elem	36055		892	781	88	90%	802.8
Apopka Elem	35809		574	476	83	90%	516.6
Hiawassee Elem	36104		910	749	82	90%	819
Totals for calculating Weighted Average Discount			5578				5020.2

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %)



90%

Entity Number127681	Applicant's Form Identifier _2001-1
Contact Person Anne H. Atherton	Phone Number407.317.3490

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Page	1	_ of _	_1_	

Instructions: If you are filing a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

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10a if you are:

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10b List entities and calculate discount(s).

School District Name: ____Orange County Public Schools______ School District Entity Number: ____127681_____

1	2	3	4	5	6	7	8
Name of Eligible School	Entity Number	Urban or Rural U or R	Total # of Students	# of Students Eligible for NSLP	% Students Eligible for NSLP (Col 5 + Col 4)	Discount % from Discount Matrix	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
Lakeview Middle	38787		875	305	35	60%	525
Southwest Middle	36110		1223	277	23	50%	611.5
Palm Lake Elem	36116		852	131	15	40%	340.8
Windermere Elem	38785		832	161	19	40%	332.8
Bay Meadows Elem	36152		991	100	10	40%	396.4
Aloma Elem	35973		646	281	43	60%	387.6
Deerwood Elem	36135		635	194	32	50%	317.5
Clarcona Elem	35796		712	317	45	60%	427.2
Totals for calculating Weighted Average Discount			6766				3338.8



Entity Number127681	Applicant's Form Identifier _2001-1	
Contact Person Anne H. Atherton	Phone Number407.317.3490	

Worksheet	#A-	2 HS
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Instructions: If you are filing a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

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 Complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

10b List entities and calculate discount(s).

School District Name: ___ Orange County Public Schools School District Entity Number: 127681

1 2		3	4	5	6	7	8
Name of Eligible School	Entity Number	Urban or Rural U or R	Total # of Students	# of Students Eligible for NSLP	% Students Eligible for NSLP (Col. 5 + Col. 4)	Discount % from Discount Matrix	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
Apopka High	35812		3059	836	27	50%	1529.5
Boone High	36033		2720	536	20	50%	1360
Colonial High	36046		3154	1038	33	50%	1577
Cypress Creek High	36127		3232	724	22	50%	1616
Dr. Phillips High	36114		4164	635	15	40%	1665.6
Edgewater High	36010		2758	584	21	50%	1379
Evans High	36058		3293	1238	38	60%	1975.8
Jones High	36020		1323	527	40	60%	793.8
Oak Ridge High	36074		2267	842	37	60%	1360.2
Totals for calculating Weighted Average Discount			25970				13256.9

Entity Number127681 Applie	cant's Form Identifier _2001-1
Contact Person Anne H. Atherton Phone	Number407.317.3490

Worksheet #A- 2 HS

Page	2	of

Instructions: If you are filing a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

(For Administrator's Use)

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10b List entities and calculate discount(s).

School District Name: Orange County Public Schools School District Entity Number: 127681

1	2	3	4	5	6	7	8	
Name of Eligible School	Entity Number	Urban or Rural U or R	Total # of Students	# of Students Eligible for NSLP	% Students Eligible for NSLP (Col 5 + Col 4)	Discount % from Discount Matrix	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	
Robert Hungerford Prep	35890		222	104	47	60%	133.2	
University High	36095		4143	924	22	50%	2071.5	
West Orange High	38795		4009	777	19	40%	1603.6	
Winter Park High	35976		3129	416	13	40%	1251.6	
Mid Florida Tech	36067		121	30	25	50%	60.5	
Orlando Tech	35991		32	5	16	40%	12.8	
Westside Tech	38792		137	53	39	60%	82.2	
Totals for calculating Weighted Average Discount			37763				18532.8	



Entity Number127681	Applicant's Form Identifier _2001-1
Contact Person Anne H. Atherton	Phone Number407.317.3490

Worksheet #A- 2 HS

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Instructions: If you are filing a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

(For Administrator's Use)

10a If you are:

- Applying for discounts ONLY for an individual school, or ONLY site-specific services: Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
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- Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well):
 Complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc. complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete block 5 for shared services.

10b List entities and calculate discount(s).

School District Name: ____Orange County Public Schools _____ School District Entity Number: ____127681 _____

	2	3	4	5	6	7	8
Name of Eligible School	Entity Number	Urban or Rural U or R	Total # of Students	# of Students Eligible for NSLP	% Students Eligible for NSLP (Col 5 + Col. 4)	Discount % from Discount Matrix	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
Robert Hungerford Prep	35890		222	104	47	60%	133.2
University High	36095		4143	924	22	50%	2071.5
West Orange High	38795		4009	777	19	40%	1603.6
Winter Park High	35976		3129	416	13	40%	1251.6
Mid Florida Tech	36067		121	30	25	50%	60.5
Orlando Tech	35991		32	5	16	40%	12.8
Westside Tech	38792		137	53	39	60%	82.2
Totals for calculating Weighted Average Discount			290				155.5

Entity Number Contact Person	Entity Number127681 Applicant's Form Identifier2001-1 Contact PersonAnne H.Atherton Phone Number 407,317,3490									
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. FRN# (to be assigned by administrator)										
11 Category	of Service (only 0	NE category should be	checked)			•	ailable; use "T" if tariffed s as described in Instruc	•	950-TI	01-0913-93-00
	nunications Service	O Internet Acc	ess Oir	nternal Connections			ber (e.g., billed telephor			N/A
12 Form 470	Application Nu	mber (15 digits)	9(08120000163010		le Vendor Sel om 470 filing)	lection/Contract	Date (mm/dd/yyy	у)	N/A
13 SPIN - Se			· · · · · · · · · · · · · · · · · · ·			Award Date	(mm/dd/yyyy)		6/24/19	
Identifica	t ion Number (9 d	igits)	1430048	24	19a Service	Start Date (mr	n/dd/yyyy)		7/1/20	01
					19b Service I	E nd Date (mm.	/dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)	
14 Service P	rovider Name	BellSouth			20 Contract	Expiration D	ate (mm/dd/yyyy)		7/30/20	003
21 Description This Serv	ice:	this description	with an At	iption of the service tachment #, and no	te number in s		•	osts, plus any i	relevant bra	and names. Label
22 Entity/Ent Receiving	itles This Service:	this service:	•	ecific (provided to or		·		•	•	m Block 4 receiving _A-ORA
23 Calculation					1	D				
A	B	ecurring Char C	ges D	E	F Non-	Recurring C	narges H	I	Total Ch	arges K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?		# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre-	Total program year pre-discount	% discount	Funding Commitment \$ Request (IxJ)
40,610	0	40,610	12	487,329				487,329	63	307,017

Entity Number _ Contact Person _	127681_ Anne H.Atherton					nt's Form Identi umber 407.317	fier2001-1 .3490			
instructions:		age for EACH se	rvice (Fun and numb	uest(s) ding Request Numl er the completed pa	ages to assure	that they are	sting discounts.	Block 5, pag	je2_	of <u>21</u>
_	y of Service (only O						ilable; use "T" if tariffed s as described in Instruc		950- Z Z	Z-28-3725-98 - 00
Telecon	nmunications Service	O Internet Acce	ess Oir	iternal Connections	16 Billing A	ccount Numb	Der (e.g., billed telephor	e number)		N/A
12 Form 47	0 Application Nu	mber (15 digits)	9(08120000163010		e Vendor Sel orm 470 filing)	ection/Contract	Date (mm/dd/yyy	• •	N/A
	ervice Provider				18 Contract	Award Date (mm/dd/yyyy)		6/13/19	97
Identific	ation Number (9 d	igits)	1430048	24	19a Service	Start Date (mn	n/dd/yyyy)		7/1/20	01
					19b Service i	nd Date (mm	/dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)	
14 Service	Provider Name	BellSouth			20 Contract	Expiration D	ate (mm/dd/yyyy)		4/30/20	05
21 Descript This Ser		this description	with an At	iption of the service tachment #, and no 2				osts, plus any r	elevant bra	ind names. Label
Entity/E	ntities g This Service:	this service:							•	m Block 4 receiving
23 Calculat					1			1		
A	B	ecurring Char	ges D	E	Non-	Recurring C	narges H	Ī	Total Cha	arges K
Monthly \$ charge: (total amount per month for service	How much of the \$ amount in (A) is	Eligible monthly pre-discount amount	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges	Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre-	Total program year pre-discount \$ amount (E + H)	% discount	Funding Commitment \$ Request (Ix J)
350	0	3500	12	42,000			14/2	42,000	63	26,460

Entity Number127681							ant's Form Identi Number 407.317	fier2001-1 .3490			
Instru	uctions: U		ige for EACH se	rvice (Fun	uest(s) ding Request Numl er the completed pa			sting discounts.	Block 5, paç	je3	of <u>21</u>
FRI	#			(to b	e assigned b	v adminis	tratori				
	_	of Service (only O		checked)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	15 Contrac	Number (if ava	ilable; use "T" if tariffed s as described in Instruc	· ·	950-TI	01-3825-9900
	Telecomn	nunications Service	O Internet Acco	ess Oin	ternal Connections	16 Billing	Account Numb	oer (e.g., billed telephor	ne number)		N/A
12	Form 470	Application Nu	mber (15 digits)	19	0600000197815		ole Vendor Sel Form 470 filing)	ection/Contract	Date (mm/dd/yyy	у)	3/12/1999
		rvice Provider				18 Contrac	t Award Date	mm/dd/yyyy)		5/15/19	99
	Identificat	tion Number (9 di	gits)	1430014	44	19a Service	Start Date (mr	n/dd/yyyy)		7/1/20	01
						19b Service	End Date (mm.	/dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)	
14	Service P	rovider Name	Sprint-Florida			20 Contrac	t Expiration D	ate (mm/dd/yyyy)		5/14/20	04
-	Description This Serv	on of ice:	this description	with an At	ption of the service tachment #, and no	te number in		•	osts, plus any r	elevant bra	nd names. Label
	Entity/Ent Receiving	ities This Service:	this service:		cific (provided to or		•			-	n Block 4 receiving
23	Calculatio										
	Α		ecurring Char		T7		-Recurring C		1	Total Cha	
(total	A B C D E nthly \$ charges How much of the \$ Eligible monthly # of Annual pre-discoutal amount per amount in (A) is pre-discount months amount for elig				Annual pre-discount \$ amount for eligible recurring charges	F Annual non- recurring (one- time) \$ charges	the \$ amount in	H Annual eligible pre- discount \$ amount for one-time charges (F minus G)	year pre-discount		Funding Commitment \$ Request (I x J)
								NA	72,000	63	45,360

	Number ct Person	127681_ _Anne H.Atherton						it's Form Identif imber 407.317.	ier2001-1 3490					
instr	uctions: U		age for EACH se	rvice (Fun	uest(s) ding Request Numl er the completed pa	•	-	•	ting discounts.	Block 5, pag	ge4	of <u>21</u>		
FRI	1#			(to b	e assigned b	y admi	inisti	ator)						
	_	of Service (only O		•				•	ilable; use "T" if tariffed as described in Instruct	•		Т		
	Telecomr	nunications Service	O Internet Acc	ess OIn	ternal Connections	16 Bill	ling Ad	count Numb	er (e.g., billed telephor	ne number)		M02-8735		
12		Application Nu	mber (15 digits)	96	57200000190616			e Vendor Sel om 470 filing)	ection/Contract	Date (mm/dd/yyy	y)	3/8/1999		
13		rvice Provider				18 Cor	ntract	Award Date (mm/dd/yyyy)					
	identificat	tion Number (9 d	gits)	1430048	24	19a Service Start Date (mm/dd/yyyy) 7/1					7/1/20	/2001		
						19b Ser	vice E	nd Date (mm/	dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)	6/30/2002		
14	Service Provider Name BellSouth 20 Contract Expiration Date (mm/dd/yyyy)													
21	Description This Serv				iption of the service tachment #, and no	•	_		•	osts, plus any r	elevant bra	ind names. Label		
22	Entity/Ent Receiving	itles This Service:	this service:		cific (provided to or		_	•			•	m Block 4 receiving		
23	Calculation	ons	a- ora				Non-	Recurring C	harges	!	Total Cha	arges		
	A	В	C	D	E	F		G	Н	I	J	K		
(total	onthly \$ charges How much of the \$ Eligible monthly # of Annual pre-discount amount per amount in (A) is pre-discount months amount for elig				Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual recurring time) \$ cl	(one-	the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	*	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)		
	40,610	0	40,610	12	487,329				n //1	487,329	63	307,017		

	ntity Number127681 Contact PersonAnne H.Atherton						nt's Form Identi umber 407.317			•	
Instru Make	uctions: Us as many c		ige for EACH se	rvice (Fun	uest(s) ding Request Numl er the completed pa			sting discounts.	Block 5, pag	je5	of <u>21</u>
Fill	#			_ (to b	e assigned b	y administ	rator)				
11	Category	of Service (only O	NE category should be	checked)			•	nilable; use "T" if tariffed	•		Т
(● Telecomn	nunications Service	O Internet Acce	ess O In	ternal Connections			s as described in Instruct DEF (e.g., billed telephore			N/A
12	Form 470	Application Nu	mber (15 digits)	96	57200000190616	17 Allowab		ection/Contract		у)	3/8/1999
13	SPIN - Sei	rvice Provider			7 200000130010	18 Contract		mm/dd/yyyy)			0,0,1000
	Identificat	tion Number (9 d	gits)	1430014	44	19a Service	· · · · · · · · · · · · · · · · · · ·		<u></u>	7/1/20	01
								/dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)	6/30/2002
14	Service P	rovider Name	Sprint-Florida			20 Contract				<u>-</u>	
21	Description This Servi	on of	You MUST attac	with an At	ption of the service tachment #, and no				osts, plus any i	relevant bra	and names. Label
	Entity/Ent Receiving	itles This Service:	this service:		cific (provided to or					-	m Block 4 receiving
23	Calculatio										
·	A		ecurring Char		F	F Non	Recurring C	narges H	T :	Total Cha	arges K
(total	A B C D E controlly \$ charges otal amount per control for service) How much of the \$ Eligible monthly pre-discount amount in (A) is ineligible? Annual pre-discount months service provided in program year (C x D)					Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount	% discount	Funding Commitment \$ Request (1 x J)
	3,250	0	3,250	12	39,000			N 19 '	39,000	41	15,990

	Number ct Person	127681_ _Anne H.Atherton					nt's Form Identi umber 407.317	fier2001-1 .3490			
Instr	uctions: Us as many c		age for EACH se	ervice (Fun and numb	Uest(s) ding Request Number the completed pa	ages to assure	that they are	sting discounts.	Block 5, pag	ge6	of <u>31</u>
11	Category	of Service (only O	NE category should be	checked)			•	illable; use "T" if tariffed s as described in Instruc	· ·		N/A
	Telecomn	nunications Service	O Internet Acco	ess O In	ternal Connections			per (e.g., billed telephor			2004371
		Application Nu	mber (15 digits)	16	57600000204734		le Vendor Sel Form 470 filing)	ection/Contract	Date (mm/dd/yyy	• •	N/A
13		rvice Provider				18 Contract	Award Date (mm/dd/yyyy)		2/8/19	94
	identificat	t ion Number (9 d	igits)	1430012	41	19a Service	Start Date (mn	n/dd/yyyy)		7/1/20	01
						19b Service l	End Date (mm	/dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)	
14	Service P	rovider Name	Intermedia Cor	nmuncati	ons	20 Contract	Expiration D	ate (mm/dd/yyyy)			
21	Description This Servi			with an At	iption of the service tachment #, and no			•	osts, plus any r	relevant bra	ind names. Label
22		This Service:	this service :		ecific (provided to or				-	-	m Block 4 receiving
23	Calculation										
	A	B	ecurring Char C	ges	E	Non- F	Recurring C	narges H	I	Total Cha	arges K
(total	hy \$ charges amount per n for service)	How much of the \$ amount in (A) is ineligible?		# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre-	Total program year pre-discount	% discount	Funding Commitment \$ Request (IxJ)
	5,410	0	5,410	12	64,920			NA	64,920	51	33,109

Entity Number127681								's Form Identifi nber 407,317.	ier2001-1 3490			
Instr	uctions: Us	Discount e one Block 5 pa ppies of this page	ge for EACH ser	vice (Fund	uest(s) ding Request Number the completed pa	per) for wh	hich yo	ou are reques	ting discounts,	Block 5, pag	e7	of <u>21</u>
FRI	14			(to 5	e assigned b	admir	nistra	ator)				
11	_	of Service (only O						•	lable; use "T" if tariffed s as described in Instructi	•	BBS	S-FRN-NF97
	● Telecomm	unications Service	O Internet Acce	ss O In	ternal Connections				er (e.g., billed telephon		N	102-3292
12	Form 470	Application Nur	nber (15 digits)	74	8710000039212			Vendor Selem 470 filing)	ection/Contract [Date (mm/dd/yyy	()	3/23/1998
13		vice Provider				18 Cont	tract A	ward Date (r	nm/dd/yyyy)		3/25/19	98
	Identificat	ion Number (9 d	gits)	14300482	24	19a Service Start Date (mm/dd/yyyy) 7/1/2001)1	
	~					19b Serv	vice Er	nd Date (mm/	dd/yyyy) (use only fol	r "T" or "MTM" se	rvices)	
14	Service Pr	ovider Name	BellSouth			20 Cont	tract E	xpiration Da	ate (mm/dd/yyyy)		12/31/20	002
21	Descriptio This Servi	n of ce:		with an Att	ption of the service achment #, and no	-	-		*	osts, plus any r	elevant bra	nd names. Label
22	Entity/Ent Receiving	ities This Service:	this service :	-	cific (provided to or		•	-			·	n Block 4 receiving
23	Calculatio		ecurring Char	nes		l 1	Non-F	Recurring C	harges		Total Cha	arges
	A	В	С.	D	E	F		G	Н	I	J	K
(tota	onthly \$ charges How much of the \$ Eligible monthly # of Annual pre-discontal amount per amount in (A) is pre-discount months amount for eli				Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual n recurring (time) \$ cha	(one- t	How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	' '	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (1x J)
	44,944 0 44.944 12 5								N/M	539,328	63	340,117

	127681_ _Anne H.Atherton					nt's Form Identi umber 407,317	fier2001-1 .3490			_		
Instructions: U Make as many o		ige for EACH se	rvice (Fun and numb	ding Request Numl er the completed pa	ages to assure	that they are	sting discounts.	Block 5, pag	je8	of <u>21</u>		
FRN#			(to)	e assigned b					· · · · · · · · · · · · · · · · · · ·			
11 Category	of Service (only O	NE category should be	checked)			•	ilable; use "T" if tariffed s as described in Instruc	•		MTM		
	munications Service	O Internet Acco	ess Oir	iternal Connections			per (e.g., billed telephor		40	7.094.xxxx		
12 Form 470	Application Nu	mbaz (15 daita)					ection/Contract					
		Tibel (10 digits)	74	18710000039212		orm 470 filing)				3/22/1999		
	rvice Provider tion Number (9 d	nite)			18 Contract	Award Date (mm/dd/yyyy)					
	or ramber (5 a	giis)	1430014	44	19a Service	Start Date (mm	n/ddl/yyyy)		7/1/20	01		
					19b Service I	End Date (mm/	(dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)	6/30/02		
14 Service P	Service Provider Name Sprint - Florida 20 Contract Expiration Date (mm/dd/yyyy)											
Z 1	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label											
Entity/Ent Receiving	lities J This Service:	this service:		cific (provided to or		·			•	n Block 4 receiving		
23 Calculation												
· A		ecurring Char				Recurring C		<u> </u>	Total Cha			
Monthly \$ charges (total amount per month for service)	B How much of the \$ amount in (A) is ineligible?	C Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	E Annual pre-discount \$ amount for eligible recurring charges (C x D)		the \$ amount in	for one-time charges (F minus G)	I Total program year pre-discount \$ amount (E + H)		Funding Commitment \$ Request (I x J)		
7,562	0	7,562	12	90,744			NA	90,744	63	57,168		

	Number ct Person	127681_ _Anne H.Atherton						nt's Form Identif Imber 407,317.	ier2001-1 3490				
Instr	uctions: Use as many o		age for EACH se	rvice (Fun and numb	Uest(s) ding Request Numler the completed pope assigned b	ages to a	assure (that they are a	ting discounts.	Block 5, pag	je9	of <u>21</u>	
	***************************************	of Complete Ann		2000. 20000000000	e assigned o				ilable; use "T" if tariffed	services.		5 00/00 048	
	_	of Service (only 0 nunications Service			Annal Canachians			•	as described in Instruc	•	DM	S 98/99-018	
	• relection	ilulications service	O Internet Acc	ess Oir	nternal Connections				er (e.g., billed telephor			N/A	
12	Form 470	Application Nu	mber (15 digits)	32	24470000109544			e Vendor Sel orm 470 filing)	ection/Contract	Date (mm/dd/yyy	• •	12*3*1998	
		rvice Provider				····		Award Date (mm/dd/yyyy)		7/14/1999		
	Identificat	tion Number (9 d	igits)	1430185	25	19a Service Start Date (mm/dd/yyyy) 7/1/2001						01	
						19b Se	rvice E	nd Date (mm/	dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)		
14 Service Provider Name Arch Paging 20 Contract Expiration Date (mm/dd/yyyy) 7/13/2001											01		
21	Description This Serv	on of ice:		with an At	iption of the service tachment #, and no		_		•	osts, plus any r	elevant bra	nd names. Label	
	Entity/Ent Receiving		this service :		ecific (provided to o		_	•			•	n Block 4 receiving	
23	Calculation				· · · · · · · · · · · · · · · · · · ·	1							
	A	B	ecurring Char C	ges D	E	F		Recurring C G	narges H	1	Total Cha	arges K	
(total	ly \$ charges amount per of for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges	Annual recurring	l non- g (one-	How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program	% discount	Funding Commitment \$ Request (IxJ)	
	7,500 0 7,500 12								NA	90,000	63	56,700	

Entity Number127681 Contact PersonAnne H.Atherton							nt's Form Identi umber 407,317	fier2001-1 .3490		•	
instruc	tions: Us s many c		age for EACH se	rvice (Fun and numb	ding Request Numl er the completed pa	ages to assure	that they are	sting discounts.	Block 5, pag	ge _10	of <u>21</u>
11 C	ategory	of Service (only Onunications Service		checked)	town Connections	15 Contract "MTM" if mont	Number (if ava h-to-month services	ilable; use "T" if tariffed as as described in Instruc Der (e.g., billed telephor	tions)		N/A
		Application Nu	mber (15 digits)	0.	15833000204870		orm 470 filing)	ection/Contract	Date (mm/dd/yyy	y) 3/25/19	3/22/1999
ld	lentificat	i on Number (9 d	igits)	1430006	86	19a Service Start Date (mm/dd/yyyy) 7/1/2001 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)					
14 Se	ervice P	rovider Name	BellSouth Mob	ility		20 Contract	Expiration D	ate (mm/dd/yyyy)		12/31/2	001
	You MUST attach a description of the state this description with an Attachment #, attachment #5.10					•		•	osts, plus any r	elevant bra	nd names. Label
	ntity/Ent eceiving	ities This Service:	this service :		by all entities on a		·	,	•	•	m Block 4 receiving
23 Ca	alculatio		ecurring Char	200		Non-	Recurring C	harges		Total Cha	ernes
A	4	В	C	D	E	F	G	H	Ī	J	K K
Monthly \$ (total am month for	nount per	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one- time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ armount for one-time charges (F minus G)	8' '		Funding Commitment \$ Request (I x J)
	9,725 0 9,275 12 1							. NA	111,300	63	70,119

	y Number act Person	127681_ _Anne H.Atherton_					nt's Form Identi umber 407,317	fier2001-1 .3490			
Inst	ructions: U e as many c		age for EACH se	ervice (Fun and numb	uest(s) ding Request Numl er the completed pa	ages to assure	that they are	sting discounts.	Block 5, pag	ge_11	of <u>21</u>
11	_	of Service (only O						iilable; use "T" if tariffed s as described in Instruc		N	SA 960068
	O Telecomi	nunications Service	O Internet Acc	ess (®) Ir	nternal Connections	16 Billing A	ccount Numb	er (e.g., billed telephor	ne number)		N/A
12	Form 470	Application Nu	mber (15 digits)	7:	27740000271911		le Vendor Sel Form 470 filing)	ection/Contract	Date (mm/dd/yyy	y)	1/10/2000
13		rvice Provider				18 Contract	Award Date (mm/dd/yyyy)		1/18/20	000
	Identifica	tion Number (9 d	igits)	1430119	59	19a Service	Start Date (mr	n/dd/yyyy)		7/1/20	01
						19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)					
14	Service P	rovider Name	BellSouth Com	municati	ons Systems	20 Contract	Expiration D	ate (mm/dd/yyyy)		9/10/20	001
21	Service Provider Name BellSouth Communications Systems You MUST attach a description of the set this description with an Attachment #, attachment #5.11							•	osts, plus any i	elevant bra	and names. Label
22	Entity/Ent Receiving	iities This Service:	this service :	_Workshe			·			·	m Block 4 receiving
23	Calculation						D		<u> </u>	T-1-1-01-	
			ecurring Char C	ges D	E	F Non-	Recurring C	narges H	I	Total Ch	arges K
(tota	thly \$ charges How much of the \$ Eligible monthly # of Annual pre-discount amount per amount in (A) is pre-discount months amount for eligible		Annual pre-discount \$ arnount for eligible recurring charges	Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre-	Total program year pre-discount	% discount	Funding Commitment \$ Request (IxJ)		
	year N/K					256,672		256,672	256,672	51	130,902

	y Number act Person	127681_ _Anne H.Atherton					nt's Form Identi umber 407,317	fier2001-1 .3490			
Instr	ructions: U e as many d		age for EACH se	rvice (Fun and numb	Uest(s) ding Request Numl er the completed pa	ages to assure	that they are	sting discounts.	Block 5, pag	je12	of <u>21</u>
********		of Service (only O	ME antonony abouted be					ilable; use "T" if tariffed	services,		N/A
• •		nunications Service			iternal Connections			s as described in Instruc			
			·					ection/Contract			N/A
12		Application Nu	mber (15 digits)	72	27740000271911		orm 470 filing)	ection/Contract	Date (IIII) COYYY) 	1/10/2000
13		rvice Provider				18 Contract	Award Date (mm/dd/yyyy)		1/18/20	00
	identifica	tion Number (9 d	gits)	1430119	59	19a Service	Start Date (mm	n/dd/yyyy)			
·	<u>.</u>					19b Service E	nd Date (mm/	(dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)	
14	Service P	rovider Name	BellSouth Com	municati	ons Systems	20 Contract	Expiration D	ate (mm/dd/yyyy)		9/10/20	01
21	Description This Serv	ice:		with an At	iption of the service tachment #, and no 12			•	osts, plus any r	elevant bra	nd names. Label
22	Entity/Ent Receiving	ities This Service:	this service : _V	Vorksheet		-					n Block 4 receiving
23	Calculation		i Oh			l Nam	D	Nh a mara a		Takal Oh	
	A	В	ecurring Char C	ges D	E	F F	Recurring C	narges H	1	Total Cha	rges K
(total	hly \$ charges I amount per h for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (Ix J)
					MA	63,655.00	0	63,655	63,655	63	40,102

Entity Number Contact Pers		127681_ Anne H.Atherton					nt's Form Identi umber 407.317	fier2001-1 .3490			
Instruction	s: Us		ige for EACH se	rvice (Fun	uest(s) ding Request Numi er the completed pa			sting discounts.	Block 5, pag	je_13	of <u>21</u>
FRN#				(to t	e assigned b	y administ	rator)				
		of Service (only O					-	nilable; use "T" if tariffed s as described in Instruc		RL	060597-RB
O Tele	comm	unications Service	O Internet Acc	ess 🔘 Ir	nternal Connections	16 Billing A	ccount Numb	Der (e.g., billed telephor	ne number)		N/A
12 Form	470	Application Nu	mber (15 digits)	82	28290000334533		le Vendor Sel form 470 filing)	ection/Contract	Date (mm/dd/yyy	y)	1/12/2001
		vice Provider				18 Contract	Award Date ((mm/dd/yyyy)			
ident	mcau	on Number (9 di	gits)	1430119	59	19a Service Start Date (mm/dd/yyyy) 7/1/2001					
						19b Service	End Date (mm	/dd/yyyy) (use only fo	r "T" or "MTM" se	ervices)	
14 Servi	ce Pr	ovider Name	BellSouth Com	municati	ons System	20 Contract	Expiration D	ate (mm/dd/yyyy)		12/31/2	003
21 Desc This	-	n of ce:		with an At	iption of the service tachment #, and no			* · · · · · · · · · · · · · · · · · · ·	osts, plus any i	relevant bra	and names. Label
22 Entity Recei		ties This Service:	this service:	Works	**		·			·	m Block 4 receiving
23 Calcu	latio		ecurring Char	ges		Non	-Recurring C	Charges		Total Cha	arges
A		В	С	D	E	F	G	Н	1	J	K
(total amount	thly \$ charges al amount per the for service) How much of the \$ Eligible monthly pre-discount amount in (A) is ineligible? Eligible monthly pre-discount amount service provided in program year Eligible monthly pre-discount amount for eligible? (A minus B)				Annual non- recurring (one- time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)		Funding Commitment \$ Request (Ix J)	
						1,475,000	0	1,475,000	1,475,000	90	1,327,500

	Number ct Person	127681_ _Anne H.Atherton					nt's Form Identii umber 407,317					
Instr	uctions: U		ige for EACH se	rvice (Fun	uest(s) ding Request Numl er the completed pa			sting discounts.	Block 5, pag	je_14	of <u>21</u>	
FRI	1#			(to t	e assigned b	y administ	rator)				į	
		of Service (only O					15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) RL 060597-RB					
·	O Telecomr	nunications Service	O Internet Acc	ess 🔘 Ir	nternal Connections	16 Billing A	ccount Numb	er (e.g., billed telephor	ne number)		N/A	
		Application Nu	mber (15 digits)	82	28290000334533		e Vendor Sel orm 470 filing)	ection/Contract	Date (mm/dd/yyy	y)	1/12/2001	
13		rvice Provider				18 Contract	Award Date (mm/dd/yyyy)		1/15/20	01	
	identifica	tion Number (9 di	gits)	1430119	59	19a Service Start Date (mm/dd/yyyy) 7/1/2001						
						19b Service I	end Date (mm/	(dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)		
14	Service P	rovider Name	BellSouth Com	municati	ons System	20 Contract	Expiration D	ate (mm/dd/yyyy)		1/31/20	005	
21	Description This Serv		· ·	with an At	iption of the service tachment #, and no			•	osts, plus any i	relevant bra	and names. Label	
22	Entity/Ent Receiving	ities This Service:	this service:	Works	••		·			e entity from	m Block 4 receiving	
23	Calculation		Oh			1	D		· · · · · · · · · · · · · · · · · · ·	T-4-1 Ob		
	A	B	ecurring Char C	ges D	E	F Non-	Recurring C	narges H	I	Total Ch	arges K	
(total	nly \$ charges amount per n for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	•	% discount		
	NA					3,550,00	0	3,550,000	3,550,000	80	2,840,000	

Entity Nur Contact P		127681_ _Anne H.Atherton				Applicant's Form Identifier 2001-1 Phone Number 407,317.3490							
Instruct	tions: Us many c		age for EACH se	ervice (Fun and numb	ding Request Num er the completed p	ages to assure	that they are	sting discounts.	Block 5, pag	je_15	of <u>21</u>		
***********	****	of Samulas () o				y administrator) 15 Contract Number (if available; use "T" if tariffed services,							
_		of Service (only Onunications Service			nternal Connections		*MTM* if month-to-month services as described in Instructions)						
		THE CHANGE	O Internet Act					Der (e.g., billed telephor			N/A		
12 Fo	orm 470	Application Nu	mber (15 digits)	82	28290000334533	l .	ie vendor Sei Form 470 filing)	lection/Contract	Date (mmodryyy	Y)	1/12/2001		
		rvice Provider				18 Contract	Award Date	(mm/dd/yyyy)		1/15/20	001		
100	entifica	t ion Number (9 d	gits)	1430119	59	19a Service Start Date (mm/dd/yyyy) 7/1/2001							
						19b Service l	End Date (mm	/dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)			
14 Se	rvice P	rovider Name	BellSouth Com	municati	ons System	20 Contract	Expiration D	ate (mm/dd/yyyy)		1/31/20	005		
<i>7</i> 1	escriptionis Serv			with an At	iption of the service tachment #, and no	_			osts, plus any i	relevant bra	and names. Label		
	ntity/Ent eceiving	ities This Service:	this service:	Works	ecific (provided to o sheet A-RFT.OTR by all entities on a		•		•	e entity fro	m Block 4 receiving		
23 Ca	lculatio		ecurring Char	005		l Non	Recurring C	harnee		Total Ch	ardag		
A		В	C	D D	E	F	G	H	I	J	K K		
Monthly \$ (total ame month for	ount per	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one- time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)		% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)		
	1 Jean Company						0	1,475,000	1,475,000	49	722,750		

	Number ct Person	127681_ _Anne H.Atherton					nt's Form Identil umber 407.317.	ier2001-1 3490					
Instr	uctions: U		ige for EACH se	rvice (Fun	uest(s) ding Request Numl er the completed pa			iting discounts.	Block 5, pag	je16	of <u>21</u>		
FR	#			(to t	e assigned b	y administ	rator)						
	_	of Service (only O					15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) SRC 250-040-99-1						
	- relecomn	nunications Service	O Internet Acc	ess 🖭 Ir	nternal Connections			er (e.g., billed telephor			N/A		
		Application Nu	mber (15 digits)	99	98300000247595		e Vendor Sel orm 470 filing)	ection/Contract	Date (mm/dd/yyy	y) 			
13		rvice Provider				18 Contract	Award Date (mm/dd/yyyy)		7/1/20	01		
	identifica	t ion Number (9 di	gits)	1439999	99	19a Service Start Date (mm/dd/yyyy) 7/1/2001							
						19b Service i	nd Date (mm/	dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)			
14	Service P	rovider Name	State Replacer	nent Cont	ract	20 Contract	Expiration D	ate (mm/dd/yyyy)		6/30/22	.02		
21	Description This Servi			with an At	iption of the service tachment #, and no				osts, plus any i	elevant bra	ind names. Label		
22	Entity/Ent Receiving	ities This Service:	this service :	Workshee	ecific (provided to or et IC.90.Cisco by all entities on a					e entity fro	m Block 4 receiving		
23	Calculation		ecurring Char	ges		Non-	Recurring C	harges		Total Cha	arges		
	A	В	C	D	E	F	G	Н	I	J	K		
(total	nly \$ charges amount per n for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one- time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	, ,	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)		
					MA	329,800	0	329,800	329,800	90	296,820		

	y Number act Person	127681_ _Anne H.Atherton					nt's Form Identi umber 407.317					
Insti	ructions: U e as many c		age for EACH se	rvice (Fun and numb	uest(s) Iding Request Number the completed paragets assigned b	ages to assure	that they are	sting discounts.	Block 5, pag	ge_17	of <u>21</u>	
11	_	of Service (only 0				15 Contract Number (if available, use "I" if tariffed services, "MTM" if month-to-month services as described in Instructions) SRC 250-040-99-1						
	O Telecomr	munications Service	O Internet Acc	ess 🔘 Ir	nternal Connections	16 Billing A	ccount Numl	ber (e.g., billed telephor	ne number)			
12	Form 470	Application Nu	mber (15 digits)	99	98300000247595	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)						
13		rvice Provider				18 Contract	Award Date	(mm/dd/yyyy)		7/1/20	01	
	Identifica	tion Number (9 d	igits)	1439999	99	19a Service Start Date (mm/dd/yyyy) 7/1/2001						
						19b Service i	End Date (mm	/dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)		
14	Service P	rovider Name	State Replacen	nent Cont	ract	20 Contract	Expiration D	ate (mm/dd/yyyy)		6/30/20	002	
21	Description This Serv			with an At	iption of the service tachment #, and no	•		•	osts, plus any i	relevant bra	and names. Label	
22		This Service:	this service :	_Worksho	ecific (provided to o eet IC.80.Cisco by all entities on a		•			-	m Block 4 receiving	
23	Calculation		oovering Char		-	l Non	Decursion (`h	1	Total Ch		
	A	В	ecurring Char C	yes D	E	F	Recurring (H	I	Total Ch	K K	
(tota	hly \$ charges I amount per th for service)	How much of the \$ amount in (A) is ineligible?	pre-discount amount	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges	Annual non- recurring (one-	the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)			Funding Commitment \$ Request (I x J)	
					() NA	722,340	0	722,340	722,340	80	577,872	
		L	1	i .	1		1	1	•	1	ī	

		127681_ _Anne H.Atherton					nt's Form Identi umber 407.317	fier2001-1 ,3490				
BI Insti Mak	ge_18	of <u>2-1</u>										
11	Category	of Service (only O	NE category should be	checked)		15 Contract Number (if available; use "I" if tariffed services, "MTM" if month-to-month services as described in Instructions) SRC 250-040-99-1						
	O Telecomn	nunications Service	O Internet Acc	ess 🔘 In	iternal Connections			Der (e.g., billed telephor				
12	Form 470	Application Nu	m ber (15 digits)	99	98300000247595		e Vendor Sel orm 470 filing)	lection/Contract	Date (mm/dd/yyy	y)		
13		rvice Provider				18 Contract	Award Date	(mm/dd/yyyy)		7/1/20	01	
	Identificat	tion Number (9 d	gits)	1439999	99	19a Service	Start Date (mn	n/dd/yyyy)		7/1/20	01	
						19b Service I	nd Date (mm	/dd/yyyy) (use only fo	or "T" or "MTM" se	rvices)		
14	Service P	rovider Name	State Replacen	nent Cont	ract	20 Contract	Expiration D	ate (mm/dd/yyyy)		6/30/20	002	
21	Description This Servi	on of ice:		with an At	iption of the service tachment #, and no				osts, plus any i	relevant bra	and names. Label	
22	Entity/Ent Receiving	ities This Service:	this service :	_Workshe	ecific (provided to o eet IC.Oth.Cisco_ by all entities on a	-	•	·	•	e entity fro	m Block 4 receiving	
23	Calculation					1 1	D)	T-4-1 Ob		
-,-		В	ecurring Char C	ges D	E	F F	Recurring C	narges H	1	Total Ch	arges K	
(tota	onthly \$ charges total amount per conth for service) How much of the \$ Eligible monthly pre-discount amount in (A) is ineligible? Annual pre-discount months service recurring charges provided in program year					Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre-	Total program year pre-discount \$ amount (E + H)	% discount	Funding Commitment \$ Request (Ix J)	
	AA					671,000	0	671,000	671,000	51	350,433	

	Number act Person	127681_ _Anne H.Atherton					nt's Form Identi umber 407.317	fier2001-1 .3490					
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.													
FRI	4#			(to t	e assigned b	y administ	rator)						
11	Category	of Service (only O	NE category should be	checked)			•	ilable; use "T" if tariffed		SRC	250-040-99-1		
	_	nunications Service			nternal Connections		"MTM" if month-to-month services as described in Instructions) 16 Billing Account Number (e.g., billed telephone number)						
								ection/Contract		<u></u>			
12	Form 470	Application Nu	mber (15 digits)	99	8300000247595		orm 470 filing)		oute (mired)))	11			
13		rvice Provider				18 Contract	Award Date (mm/dd/yyyy)		7/1/20	01		
	Identificat	tion Number (9 d	gits)	1439999	99	19a Service Start Date (mm/dd/yyyy) 7/1/2001							
						19b Service I	End Date (mm/	/dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)			
14	Service P	rovider Name	State Replacer	nent Cont	ract	20 Contract	Expiration D	ate (mm/dd/yyyy)		6/30/20	002		
21	Description This Serv	on of ice:		with an At	iption of the service tachment #, and no				osts, plu s an y i	elevant bra	and names. Label		
22	Entity/Ent Receiving	ities This Service:	this service :	_Workshe	**		-			e entity froi	m Block 4 receiving		
23	Calculation					1							
	A		ecurring Char		E.	Non-	Recurring C	narges H	1	Total Cha	arges K		
(total	A B C D E thly \$ charges al amount per ith for service) How much of the \$ Eligible monthly pre-discount amount in (A) is ineligible? Eligible monthly months amount for eligible recurring charges provided in program year					Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount	Funding Commitment \$ Request (1 x J)		
					NA	434,946	0	434,946	434,946	90	318,798		

	Number ect Person	127681_ _Anne H.Atherton						nt's Form Identii umber 407,317				_	
Instr	uctions: U		ige for EACH se	rvice (Fun	uest(s) iding Request Numl er the completed pa				sting discounts.	Block 5, pag	je_20	of <u>~2 /</u>	
FR	4#			(to b	e assigned b	y ad	lministi	rator)	•				
	_	of Service (only O					15 Contract Number (if available; use "T" if tariffed services, *MTM" if month-to-month services as described in Instructions) SRC 250-040-99-1						
	O Telecomr	nunications Service	O Internet Acc	ess 🔘 Ir	nternal Connections	16	Billing A	ccount Numb	Per (e.g., billed telephor	ne number)			
12	Form 470	Application Nu	mber (15 digits)	99	98300000247595			e Vendor Sel orm 470 filing)	ection/Contract	Date (mm/dd/yyy	у)		
13		rvice Provider	-			18	Contract	Award Date (mm/dd/yyyy)		7/1/20	01	
	Identifica	tion Number (9 di	gits)	1439999	99	19a	9a Service Start Date (mm/dd/yyyy) 7/1/2001						
						19b	Service E	nd Date (mm/	'dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)		
14	Service P	rovider Name	State Replacen	nent Cont	ract	20	Contract	Expiration D	ate (mm/dd/yyyy)		6/30/20	002	
21	Description This Serv	on of ice:		with an At	iption of the service tachment #, and no		_		•	osts, plus any r	elevant bra	nd names. Label	
22	Entity/Ent Receiving	ities This Service:	this service : _V	Vorksheet							e entity from	m Block 4 receiving	
23	Calculation												
~	Α	B	curring Char	ges D	E	}	F Non-	Recurring C	narges H	ı	Total Cha	arges K	
(tota	nthly \$ charges How much of the \$ Eligible monthly # of Annual pre-distal amount per amount in (A) is pre-discount months amount for enth for service) ineligible? amount service recurring ch				Annual pre-discount \$ amount for eligible recurring charges	recu	nual non- rring (one-	How much of the \$ amount in	Annual eligible pre-	Total program year pre-discount	% discount	Funding Commitment \$ Request (1 x J)	
	N/A						776,504	0	776,504	776,504	80	609,610	

Entity Conta	Number ct Person	127681_ _Anne H.Atherton						nt's Form Identi umber 407.317	fier2001-1 .3490					
Instr	uctions: U		age for EACH se	rvice (Fun	Uest(s) ding Request Numl er the completed pa				sting discounts.	Block 5, pag	je_21	of <u>21</u>		
FKI	1#			(to t	e assigned b	y admin	ist	rator)						
	_	of Service (only O		-		15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) SRC 250-040-99-1								
	○ Telecom	nunications Service	O Internet Acc	ess 🔘 In	ternal Connections	16 Billin	g A	ccount Numb	DEF (e.g., billed telephor	ne number)				
12	Form 470	Application Nu	mber (15 digits)	99	8300000247595			e Vendor Sel orm 470 filing)	ection/Contract	Date (mm/dd/yyy	у)			
13		rvice Provider				18 Cont	ract	Award Date (mm/dd/yyyy)		7/1/20	01		
	identificat	tion Number (9 di	gits)	14399999	99	19a Serv	19a Service Start Date (mm/dd/yyyy) 7/1/2001							
						19b Servi	ce E	nd Date (mm	dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)			
14	Service P	rovider Name	State Replacen	nent Cont	ract	20 Cont	ract	Expiration D	ate (mm/dd/yyyy)		6/30/20	02		
21	Description This Servi	on of ice:		with an Att	iption of the service tachment #, and no	_			•	osts, plus any r	elevant bra	nd names. Label		
	Entity/Ent Receiving	ities This Service:	this service : _W	Vorksheet	**			-			e entity from	n Block 4 receiving		
23	Calculation					1				1				
	A	B	ecurring Char C	ges D	E	F	on-	Recurring C G	narges H	ı	Total Cha	arges K		
Month	ly \$ charges	How much of the \$	Eligible monthly	# of	Annual pre-discount \$	Annual no	n-		Annual eligible pre-	Total program	% discount	Funding Commitment \$		
	amount per	amount in (A) is	pre-discount	months	amount for eligible	recurring (o		the \$ amount in	discount \$ amount	year pre-discount	, ,	Request		
month	onth for service) ineligible? amount service recurring charge			recurring charges (C x D)	time) \$ chai	ges	(F) is ineligible?	for one-time charges (F minus G)	\$ amount	Block 4	(1×1)			
			(A minus B)	provided in program	(C X U)				(Filmius G)	(E + H)	Worksheet)			
			year		i									
					NA	1,233,	101	0	1,233,101	1,233,101	51	627,598		